Toronto East Youth Wellness Youth Referral Form

Please fax completed forms to 647-689-2945
(For inquiries) Youth, families, and providers can contact us at:
E: teywho@stridestoronto.ca **Ph**: 647-382-4153 Date: _____

Client Information			
First Name:	Last Name:		Preferred Name:
DOB (DD-MM-YY):	Age:	Gender:	Pronouns:
Address:			Postal Code:

Contact Information

By listing this information, the referral source confirms that the client consents to YWHO contacting the client by phone and/or email regarding this referral. Please indicate if Contact Information belongs to a parent/guardian and include their name and relationship to client.

Email:	☐ Parent/guardian:
Phone:	☐ Consent for voicemail messages ☐ Consent for text messages ☐ Parent/guardian:
Alt. Phone:	☐ Consent for voicemail messages ☐ Consent for text messages ☐ Parent/guardian:
Preferred method of contact (Call, Text and/or Email):	
Languages spoken:	Do client and/or guardian need an interpreter? ☐ Yes ☐ No

Does the client require any form of accommodation when interacting with our service in person or online (eg. no internet access, no phone service, physical accessibility needs)? If yes, please specify:

Emergency Contact	
Name:	Relationship to client:
Address:	Phone:

Program Referral Source	
Provider Name:	Provider Title/Role:
Agency:	Phone:
Email:	Fax:

Please check off all the services that the client is interested in accessing:

☐ **Counselling** – Therapists provide solution-focused therapy to promote emotional well-being, enhancing self-awareness, and fostering positive mental health outcomes.

☐ **B.L.A.C.K | African, Caribbean, and Black (ACB) Identity-Affirming Mental Health Counselling (Individual and Family Counselling)** – Counselling with a Caribbean-Canadian/Black-identifying therapist. Services are grounded in culturally responsive, anti-oppressive, and strengths-based approaches that honor the lived experiences of ACB communities. ACB youth and families are welcome, including those seeking support related to identity, intergenerational experiences, racism and systemic stressors, mental wellness, or concerns unrelated to race or culture.

☐ **Health Services** – Nurse practitioners provide transitional clinical care regarding physical, mental, and sexual health. Support can include managing medications, birth control options, and referrals to external providers for youth without a family doctor. Psychiatric consultations are available by internal referral only to provide diagnostic and treatment clarification for youth with complex mental health presentations, serious functional impairment and/or recurrent safety concerns that do not require urgent treatment.

☐ **Harm Reduction Counselling** – Counsellors provide support in reducing harm and improving well-being in relation to mild to moderate substance use.

☐ **Peer Support** – Support through one-on-one and/or group sessions by a peer support worker who has also experienced navigating mental health services. In-person peer support groups are available weekly.

☐ **Care Navigation** – Care navigators provide support with goal setting and connection to resources in areas such as health, mental health, employment, education, housing, finances, legal aid, social life, and more.

What kind of support is the client looking for at YWHO? Please include the reason for referral and other relevant background information:

Relevant medical history/diagnoses (please include relevant medication history if referring to health services):

Does the client have a family doctor? ☐ Yes ☐ No Name: | | Tel: | |

Please list other providers involved in the client's care and how they are involved:
